CITY OF CARLSBAD - ENGINEERING DEPARTMENT
APPLICATION FOR GRADING PERMIT

PERMIT NUMBER: _____

PROJECT NAME: _____

PROJECT NUMBER: _____

PROJECT LOCATION: _____

DRAWING NUMBER: _____

ASSESSOR PARCEL NUMBER(S): _____

PROJECT DESCRIPTION: _____

OWNER: _____

ADDRESS: _____ SUITE: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

I CERTIFY THAT I AM THE LEGAL OWNER OF THIS PROPERTY AND I AUTHORIZE THE GRADING ASSOCIATED WITH THIS PERMIT.

OWNER SIGNATURE: _____ **DATE:** _____

CIVIL ENGINEER: _____

ADDRESS: _____ SUITE: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

SOILS ENGINEER: _____

ADDRESS: _____ SUITE: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

GRADING CONTRACTOR: _____ STATE LICENSE NO.: _____

CITY BUSINESS LICENSE NO. _____

ADDRESS: _____ SUITE: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

GRADING QUANTITIES: cut _____ cy   fill _____ cy   import _____ cy

remedial _____ cy   export _____ cy

QUALIFIED CONTACT PERSON TRAINED IN NPDES REQUIREMENTS: _____

PHONE NUMBER: _____

BASIS OF PERMIT FEES: _____ **cy**   **TOTAL PERMIT FEES:** $ _____

VERIFIED BY: _____   **BALANCE DUE:** $ _____

I hereby acknowledge that I have read the application and information provided is correct. I agree to comply with all federal, state, and city laws, ordinances, regulations and policies relating to excavation and grading including, but not limited to, the Federal Endangered Species Act of 1973 and any amendments thereto. I will also comply with OSHA Permit requirements for trenches over five feet deep and the provisions and conditions of any permit issued pursuant to this application.

APPLICANT NAME: _____

ADDRESS: _____ SUITE: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____